

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-------------------------	---

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000802**

GRAFIX SHELL, L.C.
P.O. BOX 7004
FORT MYERS FL 33911

FILED
99 AUG -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA


1a. Principal Place of Business Address

2313 EPHRAIM AVENUE
FORT MYERS FL 33907

2. Principal Place of Business 2313 EPHRAIM AVE Suite, Apt. #, etc. City & State Fort Myers FL Zip 33907	2a. Mailing Address 3949 SNADS AVE Suite, Apt. #, etc. # 225 City & State Fort Myers FL Zip 33901	3. Date Organized or Qualified 06/15/1998 4. FEI Number 65-0849297 5. Date of Last Report	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
--	--	---	--

7. Name and Address of Current Registered Agent DEFORGE, MICHAEL LAMERS 2313 EPHRAIM AVENUE FORT MYERS FL 33907	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	---

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE  DATE 7/12/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DEFORGE, MICHAEL LAMER	2313 EPHRAIM AVENUE	FORT MYERS FL
			200002956192--3 -08/10/99--01056--011 *****100.00 *****100.00
			200002956192--3 -08/10/99--01056--012 *****88.75 *****88.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  7/12/99 741-275-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone: #

②

FILED

CARL J. GRECO 99 AUG -4 PM 3:04
Accountant
6301 Arc Way
Fort Myers, FL. 33912
941-275-7766
941-936-8175 FAX

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Thursday, July 15, 1999

Florida Dept. of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL. 32314

REF: 1999 Limited Liability Company - GRAFIX SHELL, L.C.

Dear Ladies & Gentlemen:

Please accept my client's apologies for not filing this enclosed form on time. She did not receive the first mailing and just happened to get this delivered to her by her postman. She would like to change her mailing address for her company to:

CARL GRECO ACCOUNTING
3949 Evans Avenue #205
Fort Myers, FL. 33901

Please address any future paperwork to her at the above address. Thank you for your cooperation in this matter.

Yours truly,


CARL GRECO

CJG; bg
encl.
cc: Ms. S. DeForge